


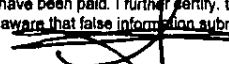


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P07000012898</b>			
1. Corporation Name <b>LAYLA EL, INC.</b>			
2. Principal Office Address - No P.O. Box # <b>1190 E. WASHINGTON ST</b>		3. Mailing Office Address <b>1190 E. WASHINGTON ST</b>	
Suite, Apt. #, etc. <b>S414</b>		Suite, Apt. #, etc. <b>S414</b>	
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>	
Zip <b>33602</b>	Country <b>USA</b>	Zip <b>33602</b>	Country <b>USA</b>
7. Name and Address of Current Registered Agent			
Name <b>LAYLA EL</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>1190 E. WASHINGTON ST</b>			
Suite, Apt. #, Etc. <b>S414</b>			
City <b>TAMPA</b>		State <b>FL</b>	Zip Code <b>33602</b>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.			
Signature of Registered Agent 		Date 	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles <b>P</b>	Name of Officers and/or Directors <b>LAYLA EL</b>	Street Address of Each Officer and/or Director <b>1190 E. WASHINGTON ST</b>	City / State / Zip <b>TAMPA, FL 33602</b>
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <b>REINSTATEMENT</b>  <b>2009-11</b> </div> <div style="text-align: center;"> <b>S. HAWKES</b>  <b>NOV 18 2011</b>  <b>EXAMINER</b> </div> </div>			
10. E-mail Address: <b>misslayel@gmail.com</b>			
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.			
SIGNATURE: 		LAYLA EL	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>11/1/11</b>	

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CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida <b>01/29/07</b>	
5. FEI Number <b>02-0789775</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

FILED  
 11 NOV 17 PM 3 12  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA